

**Implications of Recent Clinical Trials for the National Cholesterol Education Program
Adult Treatment Panel III Guidelines – Published July 13, 2004 in Circulation Volume 110,
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Recommendations for Modifications to the ATP III Algorithm for LDL-C

- ◆ Therapeutic lifestyle changes (TLC) remain an essential modality in clinical management. TLC has the potential to reduce cardiovascular risk through several mechanisms beyond LDL lowering.
- ◆ In high risk persons (all persons with CHD or CHD risk equivalents can be called *high risk*), the recommended LDL-C goal is < 100 mg/dl.
 - An LDL-C goal of < 70 mg/dl is a therapeutic option on the basis of available clinical trial evidence, especially for patients at very high risk.
 - If LDL-C is \geq 100 mg/dl, and LDL – lowering drug is indicated simultaneously with lifestyle changes.
 - If baseline LDL-C is < 100 mg/dl, institution of an LDL – lowering drug to achieve an LDL-C level < 70 mg/dl is a therapeutic option on the basis of available clinical trial evidence.
 - If a high-risk person has high triglycerides or low HDL-C, consideration can be given to combining a fibrate or nicotinic acid with an LDL – lowering drug. When triglycerides are \geq 200 mg/dl, non-HDL-C is a secondary target of therapy, with a goal 30 mg/dl higher than the identified LDL-C goal.
- ◆ For moderately high-risk persons (2+ risk factors and 10 – year risk 10% to 20%), the recommended LDL-C goal is < 130 mg/dl; an LDL-C goal < 100 mg/dl is a therapeutic option on the basis of available clinical trial evidence. When LDL-C level is 100 – 129 mg/dl, at baseline or on lifestyle therapy, initiation of an LDL – lowering drug to achieve an LDL-C level < 100 mg/dl is a therapeutic option on the basis of available clinical trial evidence.
- ◆ Any person at high risk or moderately high risk who has lifestyle-related risk factors (eg. obesity, physical inactivity, elevated triglyceride, low HDL-C, or metabolic syndrome) is a candidate for TLC to modify these risk factors regardless of LDL-C level.
- ◆ When LDL-lowering drug therapy is employed in high-risk or moderately high-risk persons, it is advised that intensity of therapy be sufficient to achieve at least a 30% to 40% reduction in LDL-C levels.
- ◆ For people in lower-risk categories, recent clinical trials do not modify the goals and cutpoints of therapy.

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